



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name OH Metals				Location 1002 OSWEGO ST				Date 3/26/87			
Facility Equipment 1	Detex Clock 1	Weapon No. 1	Holster 1	Nightstick 1	Raincoat 1	Flashlight 1	Other 3 keys, Log Book & Phone						
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Det Del Vecchio				Officer—Swing Shift (Name) R Dealing				Officer—Grave Shift (Name) Dick Koboski			
		Shift Began 4 AM Ended 4 PM				Shift Began 4 AM Ended 12 PM				Shift Began 12 PM Ended 8 PM			
Observations or actions taken	Yes	No	Explanation				Yes	No	Explanation				
Rounds or stations missed		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
Unlocked vaults or safes		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
Fire-smoke-or hazards		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
2. Sprinkler system defective		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
4. Rubbish accumulation		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
5. Motors running		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
6. Lights left burning		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	As needed		<input checked="" type="checkbox"/>	LIGHTS OFF AT 6:10AM.		
Injury hazards		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	REMARKS (EPA)		
Visitors	<input checked="" type="checkbox"/>		EPA					<input checked="" type="checkbox"/>					
Trespassing		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
Violation of company rules		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
Remarks JERRY MARESCA AND TWO EPA MEN ARRIVED ON SITE AT 7:13 AM. (RX) LET EPA MEN OUT AT 1900 (RX)													
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.													
1. Were you injured during this tour?	Day Shift Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1. Yes No	2. Yes No	3. Yes No	Swing Shift Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1. Yes No	2. Yes No	3. Yes No	Grave Shift Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1. Yes No	2. Yes No	3. Yes No	
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No	
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No	
Signatures	1. Mark Del Vecchio					1. R Dealing					1. Dick Koboski		
Signatures	2.					2.					2.		
Signatures	3.					3.					3.		

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